# Updated Influenza Surveillance, Reporting and Testing Guidance for Healthcare Providers

**Michigan Department of Community Health**
**April 2010**

This guidance replaces prior MDCH recommendations on influenza surveillance, reporting and testing issued during the summer and fall of 2009; it does not replace previous guidance on clinical treatment or influenza vaccination. Future updates may be issued if influenza virus severity or activity changes. Please call the MDCH Division of Communicable Disease at (517) 335-8165 with any questions.

## Updates on Surveillance Activities

- Based on current influenza activity, the increased surveillance implemented by the Centers for Disease Control and Prevention (CDC) during the pandemic will be downgraded to only include systems utilized in previous influenza seasons (the ILINet outpatient sentinel provider network, pediatric death reporting, Emerging Infections Program (EIP) surveillance, laboratory data, etc.).
- CDC will conclude its influenza hospitalization and adult mortality reporting on April 6, 2010. Therefore, the final day of required reporting of influenza-associated hospitalizations and adult deaths in Michigan will be April 3, 2010. MDCH still encourages future *voluntary* reporting of hospitalizations and adult deaths into the MDSS by local health departments and providers.
- Reporting of pediatric influenza-associated deaths (<18 years of age) will still be required as during previous influenza seasons.
- Surveillance for influenza cases with severe, unusual presentations (encephalitis, pulmonary hemorrhage, pregnant or postpartum women with severe complications, etc.) will continue.
- The weekly flu-like illness report (currently located at www.michigan.gov/flu under the links "Novel H1N1 Influenza" → "Current H1N1 Activity") will be discontinued after May 25, 2010. Michigan influenza activity will continue to be summarized in the MI FluFocus weekly report.
- MDCH's participation in the CDC EIP tri-county hospitalization study concludes April 30, 2010.

## Influenza Testing

- Since influenza prevalence is currently low and expected to remain so during the summer and early fall, the MDCH Bureau of Laboratories (BOL) is encouraging the submission of respiratory specimens to the BOL for influenza and respiratory virus testing for public health surveillance.
- The clinical criteria set in place for BOL influenza testing in September 2009 have now been removed. Specimen submission from any patient type, including outpatients, hospitalizations and especially deaths, is encouraged.
- BOL will continue utilizing RT-PCR for all influenza strains, including 2009 A/H1N1 influenza, as the first line of testing. RT-PCR testing will be conducted at a minimum of once per week. RT-PCR-negative specimens will be set up for viral culture.
- Healthcare providers and labs should consider the low positive predictive value of rapid influenza diagnostic tests (i.e. false positives) during times of low influenza prevalence in the community. Confirmatory testing should be sought for rapid test-positive specimens or negative specimens from patients with a high clinical index of suspicion for influenza.
- Laboratory-associated resources, including a list of Michigan laboratories with validated 2009 H1N1 PCR capabilities, can be found at the following website: http://www.michigan.gov/mdch/0,1607,7-132-2945_5103-213906--,00.html.

## Influenza Reporting Recommendations

***Weekly counts of influenza-like illness***

- Continue to report counts to your local health department as previously established.

***Individual influenza cases***

- ***Updated case definitions***
  - **Confirmed:** Cases with results positive for influenza via confirmatory laboratory test methods (PCR, viral culture, direct fluorescent antigen or DFA, indirect fluorescent antigen or IFA).
  - **Probable:** Cases with results positive for influenza via screening test methods (rapid test, enzyme immunoassay or EIA).
  - **Suspect:** Cases with no lab testing but does have a clinically compatible influenza-like illness.
  - Cases with negative test results can be classified as either "Suspect" or "Not a Case" depending on clinical presentation and current community prevalence of influenza.
  - Serology testing (also referred to as antibody testing, IgG, IgM, IgA) is not an approved testing method unless there are paired specimens collected at least two weeks apart that demonstrate a four-fold rise in titers.
- ***Laboratory-confirmed, hospitalized, or adult death cases (seasonal or 2009 H1N1 strains)***
  - If possible, please report these cases and their relevant information individually to your local health department. While individual reporting of these cases is now voluntary, this information is still useful and will be evaluated.
    - When entering these cases directly into MDSS, use the "Influenza" form. The "2009 H1N1 Influenza" individual form will no longer be available for new case entry after mid-summer.
    - Be sure to update the Patient Status variable if it is a hospitalization or death.
    - If not entering cases into MDSS, then report cases to your local health department.
- ***All other individual influenza cases***
  - If entering cases directly into MDSS, decide whether to enter as individual cases (use "Influenza" form) or enter as aggregate counts under "Flu-like Disease."
  - If not entering cases into MDSS, then report cases to your local health department.
- ***Please notify your local health department regarding the following case presentations:***
  - Pediatric influenza-associated deaths (<18 years of age)
  - Severe, unusual presentations of influenza
    - Encephalitis
    - Pulmonary hemorrhage
    - Pregnant or newly postpartum women with severe complications
  - Facility outbreaks
- ***Suspect cases of avian influenza or novel influenza strains (not pandemic 2009 H1N1)***
  - Immediately notify your local health department (alternatively, MDCH may be contacted at (517) 335-8165 or after hours at (517) 335-9030).